



Chequeo De Caries

Llame a su dentista para programar su cita de limpieza.




Hygiene

-  Excellent
-  Good
-  Fair
-  Poor

Cavities

-  None
-  Yes. Location:

Next Cleaning

-  6 months
-  4 months
-  Other:

Nombre de Paciente:

Edad:

DDS Signature:

Date:

Comments: Cleared to start/continue orthodontic treatment.